



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
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BUREAU OF FACILITY STANDARDS
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May 21, 2009

Rene Stephens
Hillcrest Home
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

RE: Hillcrest Home, provider #13G048

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Hillcrest Home, which was conducted on May 14, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Rene Stephens
May 21, 2009
Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 3, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by June 3, 2009. If a request for informal dispute resolution is received after June 3, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2009
NAME OF PROVIDER OR SUPPLIER HILLCREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 HILLCREST DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS The following deficiencies were cited during your annual recertification survey. The surveyors conducting your survey were: Monica Williams, QMRP, Team Leader Sherri Case, LSW, QMRP Common abbreviations/words used in this report are: HRC - Human Rights Committee IPP - Individual Program Plan LPN - Licensed Practical Nurse PRN - As Needed QMRP - Qualified Mental Retardation Professional WIC - Written Informed Consent	W 000			
W 225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a relevant and comprehensive vocational assessment was obtained for 1 of 1 individual (Individual #1) who was of age to be involved in vocational training. Without a comprehensive assessment, the facility would be unable to assist the individual with his vocational training needs, through development of objectives designed to optimize his abilities. The findings include: 1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, and eating disorder.	W 225	RECEIVED JUN 09 2009 FACILITY STANDARDS		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kene Stephens

Administrator

6/3/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 225	Continued From page 1 Individual #1's Vocational Assessment, dated 5/14/04, stated "[Individual #1] has not been interested in completing a training program to obtain employment." However, his record also contained a "Staffing Note" which stated he had a community based job at a local electronic store which he lost on 4/24/06. The Staffing Note stated the facility "...determined that we would take the role of employer." Individual #1's record did not contain an updated vocational assessment. When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., an updated assessment had not been completed. The facility failed to ensure Individual #1's vocational assessment was updated to reflect his current vocational needs.	W 225	W225: Vocational Assessments will be completed and updated as needed according to the client need established in the IPP. Updated Vocational Assessment will be established for the individual in question. Review of all 4 files for the individuals in the home will take place to ensure that the vocational assessment is concurrent with IPP and consistent with needs established in the IPP. Consistent review of files will be done by the QMRP at least annually to ensure that IPP and Vocational assessment are complete and accurate. QMRP and QA Manager will do file assessments to ensure that all parts of the IPP and corresponding Vocational Assessment and appropriate programming is in place. DOC: 7/1/09 Responsible: QMRP, QA Manager		
W 227	Repeat Deficiency 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure the IPP included objectives to meet the needs for 2 of 3 individuals (Individuals #1 and #2) whose IPPs were reviewed. This resulted in a lack of program	W 227			

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W 227	<p>Continued From page 2</p> <p>plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:</p> <p>1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, and eating disorder.</p> <p>a. Individual #1's medical record showed he received Prozac (an antidepressant drug) 30 mg a day, which was started on 1/8/08. His WIC for Prozac, dated 6/9/08, stated Prozac was for his "compulsive overeating and intentional throwing up afterward."</p> <p>His Medication Reduction Plan, dated 6/08, included an objective related to his bingeing and purging behavior. However, the objective in the Medication Reduction Plan was not incorporated into Individual #1's IPP.</p> <p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the objective in Individual #1's Medication Reduction Plan was not incorporated into his IPP and there was no program to address the behavior.</p> <p>b. Individual #1's WIC for Depakote (an anticonvulsant drug) and Lithium (a central nervous system drug), dated 6/9/08, stated the drugs were for psychotic like behavior which presented as hearing voices, responding to inner stimuli, pressured speech, rocking, obsessive thought patterns, and unusual talk and behavior.</p> <p>His Medication Reduction Plan, dated 6/08, contained objectives related to pacing, pressured speech, and responding to internal stimuli.</p>	W 227	<p>W227:</p> <p>The individual in question had his IPP completely reviewed and revised in the new format to ensure that all needs are established and appropriate programming is established to meet needs with behaviorally specific objectives.</p> <p>Review of all 4 files in the home to ensure that all the needs identified in the IPP have corresponding behaviorally specific objectives. New IPP process established to ensure that all established needs have developed programming with behaviorally specific objectives to meet identified needs.</p> <p>QMRP, QA Manager, Facility Manager will monitor all IPPs prior to implementation to ensure that all identified needs have corresponding behaviorally specific objectives and programming.</p> <p>DOC: 07-1-09</p>		

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W 227	<p>Continued From page 3</p> <p>However, the objectives in the Medication Reduction Plan were not incorporated into Individual #1's IPP.</p> <p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the objectives in Individual #1's Medication Reduction Plan were not incorporated into his IPP and there were no programs to address the behavior.</p> <p>c. Individual #1's WIC for Risperdal (an antipsychotic drug), dated 6/9/08, stated the drug was for psychotic like behavior which presented as talking to self, pacing, rocking, and paranoid delusions involving other people hurting him.</p> <p>His Medication Reduction Plan, dated 6/08, contained objectives related to hitting others and property destruction. However, the objectives in the Medication Reduction Plan were not incorporated into Individual #1's IPP.</p> <p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the objectives in Individual #1's Medication Reduction Plan were not incorporated into his IPP and there were no programs to address the behavior.</p> <p>d. Individual #1's WIC for Seroquel (an antipsychotic drug), dated 6/9/08, stated the drug was for his agitation which presented as hitting, yelling, aggression towards others, and his refusals to participate in activities of daily living.</p> <p>His Medication Reduction Plan, dated 6/08, contained an objective related to agitation. However, the objective in the Medication Reduction Plan was not incorporated into Individual #1's IPP.</p>	W 227			

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W 227	<p>Continued From page 4</p> <p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the objective in Individual #1's Medication Reduction Plan was not incorporated into his IPP and there was no program to address the behavior.</p> <p>e. Individual #1's WIC for Lorazepam PRN (an anti-anxiety drug), dated 6/27/08, stated the drugs were for disruptive behaviors which presented as yelling, property destruction, pacing, threats to harm others, hitting others, and self harm.</p> <p>His Medication Reduction Plan, dated 6/08, contained objectives related to pacing, threats to harm others, self injury, and property destruction. However, the objectives in the Medication Reduction Plan were not incorporated into Individual #1's IPP.</p> <p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the objectives in Individual #1's Medication Reduction Plan were not incorporated into his IPP and there were no programs to address the behavior.</p> <p>The facility failed to ensure objectives and plans were developed for Individual #1.</p> <p>2. Individual #2's IPP, dated, documented a 58 year old male diagnosed with severe mental retardation, severe Parkinson's disease, and cerebral palsy.</p> <p>a. Individual #2's Physician's Orders, dated 3/17/09, documented he received Atarax (an anti-anxiolytic drug) 25 mg twice daily. His Medication Reduction Plan, dated 9/22/08, documented he received the drug for "itchy legs."</p>			W 227			

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W 227	Continued From page 5 However, Individual #2's IPP did not contain an objective to address his leg scratching. When asked during an interview on 5/14/09 from 9:00 - 10:40 a.m., the QMRP stated there was no objective to address Individual #2 scratching his legs. b. Individual #2's Physician's Orders, dated 3/17/09, documented he received Sinequan (an anti-depressant drug) 50 mg at bedtime. His Medication Reduction Plan, dated 9/22/08, documented he received the drug for sleep. However, Individual #2's IPP did not contain an objective to address his sleep hygiene needs. When asked during an interview on 5/14/09 from 9:00 - 10:40 a.m., the QMRP stated there was no objective to address Individual #2's sleep needs. The facility failed to ensure specific objectives and formal plans had been developed to address specific needs for Individual #2.	W 227			
W 262	Repeat Deficiency 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only	W 262			

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W 262	Continued From page 6 with the approval of the human rights committee for 1 of 3 individuals (Individual #1) whose behavioral interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals on restrictive interventions. The findings include: 1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, and eating disorder. Individual #1's Behavior Intervention Plan, dated 6/23/08, stated he engaged in disruptive behavior. The Plan stated if he continued to escalate and would not removed himself from the area, staff were to use an escort technique, as taught by the Mandt system (a restraint system), to move him to a selected location. Individual #1's record did not contain evidence that the facility's HRC approved the use of the restraint. When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the restraint was in use but HRC approval had not been obtained. The facility failed to ensure HRC approval was obtained prior to the use of an escort restraint.	W 262	W262: All programming that has been established by the QMRP that has been identified as restrictive (restraint) by Policy and Procedure, has been reviewed by the Human Rights Committee and approval has been given prior to implementation. All 4 of the files will be reviewed to ensure that all methods of treatment determined to be restrictive will be reviewed and approved by the HRC prior to implementation. Quarterly reviews of current restrictive programming will be discussed at the Human Rights Committee meeting to ensure that any changes, implementation and needs are reviewed and approved prior to implementation. QMRP, QA Manager, Facility Manager will monitor all programming recommendations prior to implementation to ensure that all identified needs have corresponding approval from HRC prior to implementation. DOC: 07-1-09		
W 263	Repeat Deficiency 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	W 263			

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W 263	Continued From page 7 This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the parent/guardian for 1 of 3 individuals (Individual #1) whose behavioral interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approval of a restrictive intervention. The findings include: 1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, and eating disorder. Individual #1's Behavior Intervention Plan, dated 6/23/08, stated he engaged in disruptive behavior. The Plan stated if he continued to escalate and would not removed himself from the area, staff were to use an escort technique, as taught by the Mandt system (a restraint system), to move him to a selected location. Individual #1's record did not contain evidence that guardian consent was obtained prior to its use. When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., the restraint was in use but guardian consent had not been obtained. The facility failed to ensure guardian consent was obtained prior to the use of an escort restraint.	W 263			
W 289	Repeat Deficiency 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 289	W263: Individual's IPP and restrictive programming have been reviewed and guardian has been consulted to ensure that all restrictive programming has been consented to prior to implementation. Review of all 4 individuals files to ensure that any established restrictive measures have guardian consents prior to implementation. Quarterly reviews of current restrictive programming will be discussed with the established guardian to ensure that any changes, implementation and needs are reviewed and approved prior to implementation. QMRP, QA Manager, Facility Manager will monitor all programming recommendations prior to implementation to ensure that all identified needs have corresponding approval from the specified guardian prior to implementation. DOC: 07-1-09		

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W 289	<p>Continued From page 8</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were incorporated into the program plan for 1 of 3 individuals (Individual #1) whose behavior interventions were reviewed. This resulted in an intervention being used that was not included in an individual's program plan. The findings include:</p> <p>1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation, psychosis NOS, attention deficit disorder, and eating disorder.</p> <p>Individual #1's QMRP Review Notes, dated 10/08, stated "Treatment Team Meeting discussion indicated that [Individual #1] has had very few episodes that would warrant 1:1 staffing in the home. He has not been directing his aggression or issues at other residents in the last 6+ months. He will be shifted to Line of Sight observations in the home and will remain on 1:1 in the community to address impulse control issues."</p> <p>However, Individual #1's Behavior Intervention Plan, dated 6/23/08, stated he engaged in disruptive behavior. The Plan did not include any information related to increased levels of supervision.</p>			W 289	<p>W289. Individual in question has had his IPP reviewed and changed to the new format to ensure that all programming that is restrictive in nature has been included. Behaviorally specific goals and programming have been established to meet identified needs.</p> <p>Review of all 4 client files to ensure that all individuals have corresponding restrictive programming established in the IPP to meet individual need.</p> <p>QMRP, QA Manager, Facility Manager will monitor all programming recommendations prior to implementation to ensure that all identified needs have corresponding established programming in the IPP and specific objectives.</p> <p>QMRP, QA Manager, Facility Manager will monitor all programming recommendations prior to implementation to ensure that all identified needs have been established in the IPP and have corresponding programming goals established.</p> <p>DOC: 07-1-09</p>		

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W 289	Continued From page 9	W 289			
W 356	<p>When asked, the QMRP stated during an interview on 5/14/09 from 9:50 - 10:40 a.m., Individual #1 was line of sight in the facility and 1:1 in the community. The QMRP stated increased supervision was not incorporated into a plan.</p> <p>The facility failed to ensure the use of increased supervision, used systematically with Individual #1, was incorporated into a plan.</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure comprehensive dental services were provided for 1 of 3 individuals (Individual #1) whose medical records were reviewed. This resulted in an individual's dental needs to go un-addressed. The findings include:</p> <p>1. Individual #1's IPP, dated 6/9/08, documented a 36 year old male diagnosed with moderate mental retardation.</p> <p>His medical record contained a dental report, dated 3/13/08, which showed Individual #1 was to return in 6 months. There was no evidence of a return visit.</p>	W 356	<p>W356: Individual in question has had 6 month follow up with dental professional as per recommendation. Review of all 4 individuals living in the home, nursing binders to ensure that all professional recommendations (dental review) will take place in the established time frames. RN, LPN, and QMRP with Facility Manager will monitor all established dental visits to ensure that no appointments are missed via oversight. RN with LPN will review information in the nursing binders to ensure that dental appointments/recommendations, and or needs are met within the established time frames. DOC: 07-1-09</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2009
NAME OF PROVIDER OR SUPPLIER HILLCREST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 HILLCREST DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 356	Continued From page 10 When asked, the LPN stated during an interview on 5/14/09 at 11:20 a.m., Individual #1 did not return to the dental office as recommended; it was an oversight. The facility failed to ensure Individual #1 returned to the dental office as recommended.	W 356			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2009
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MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	MM194 – see response for W262 RECEIVED JUN 09 2009 FACILITY STANDARDS	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	MM196 – see response W263	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W289.	MM197	MM197 - see response for W289	
MM724	16.03.11.270.01(a) Assessments As a basis for individual program planning and program implementation, assessments must be provided at entry and at least annually thereafter by an interdisciplinary team composed of members drawn from or representing such professions, disciplines or services areas as are relevant to each particular case. This Rule is not met as evidenced by: Refer to W225.	MM724	MM724 - see response for W225	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IMY411

TITLE

(X6) DATE

If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2009
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MM729	Continued From page 1	MM729		
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729	MM729 - see response for W227	
MM782	16.03.11.270.04(a)(i) Extraoral and Intraoral Examination A complete extraoral and intraoral examination must be performed, utilizing all diagnostic aids necessary to properly evaluate the resident's oral condition. This Rule is not met as evidenced by: Refer to W356.	MM782	MM782 - response for W356	